



Yakama Nation Behavioral Health Victim Resource Program (V.R.P.)

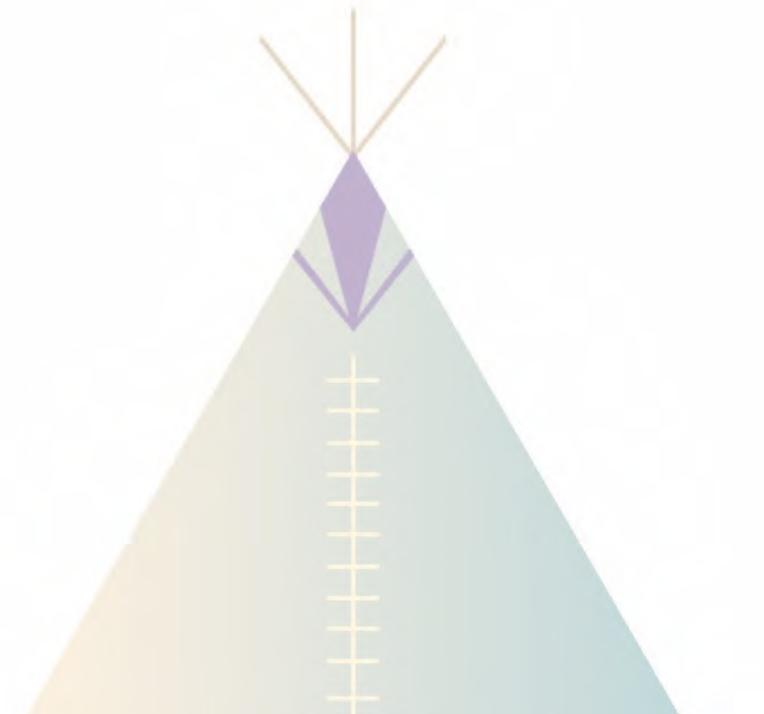
16 W. 1st Ave Toppenish, WA 98948 ♦ P (509) 865-5121 ♦ F: (509) 865-2064

Intake

The mission of the Yakama Nation Victim Resource Program (V.R.P.) is to support and identify the needs of victims of crime and the Yakama Nation community, through a comprehensive approach that integrates mental health to address historical and interpersonal trauma. V.R.P. will assist victims of crime through advocacy, referral services and education to create stability through awareness, intervention and healing. V.R.P. will help all victims of crime, focusing on domestic violence, sexual assault/abuse, stalking, dating violence, and human trafficking. Victim-centered activities will entail culturally competent services for mental health, substance abuse, physical & emotional wellness, job training, financial empowerment, crisis management, emergency victim services, and youth engagement.

Please complete this application to the best of your ability for our records. All information you provide is confidential. If you need any assistance in filling out the intake please don't hesitate to ask one of our VRP staff. Please print and provide the following:

- Identification Card
- Enrollment Card



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Awareness ♦ Intervention ♦ Healing



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Date: _____ **Client Number:** _____

Name: _____

Name of Parent/Guardian (If participant is a minor): _____

Date of Birth: _____ Age: _____

How do you identify yourself? Male Female Transgender Other: _____

Marital Status: Single Married Divorced Domestic Partnership Other: _____

Ethnicity: _____

Tribal Affiliation: _____ Enrollment Number: _____

Phone Number: _____ Message Phone: _____

May we leave you a message? Yes No

If no, when would be the best day and time to call you? _____

May we send you letters via mail at your physical address and PO Box? Yes No

Do you have a disability? Yes No

If yes, what is your type of disability? _____

Are you pregnant? Yes No

Are you a Veteran? Yes No

Emergency Contact: _____ Contact Number: _____

Housing Status

How do you identify your housing status? Own Home Renting Houseless/Homeless

Living w/Relative/Friends YN RV Encampment Other: _____

Shelter Location: _____ Contact Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Family Household information:

Name	Relationship	DOB/Dependent	Tribal Affiliation
		Yes/No	

Education and Employment Status

High School Diploma Unemployed

GED Employed Full-Time Where? _____

Currently Attending School Employed Part-Time Where? _____

College Degree Other: _____

Other: _____

Insurance Information

Do you have an Indian Health Service Chart (IHS)? Yes No IHS Chart #: _____

Do you have Health Insurance? Yes No Name of Insurance: _____

If yes, may you please submit copies of your insurance information for our records.

Financial Information

What is your primary source of Income? _____

Other income source? _____

What is your monthly Income? _____

Are you receiving any of the following?

Food Stamps TANF Disability Per Capita Alimony Unemployment Benefit

SSI General Assistance Child Support

Other: _____

Description of Bills	Amount
Rent/House payment	
Home/Renter Insurance	
Food	
Utilities: Electricity	
Water/Sewer/Garbage	
Home/Cell Phone	
Child Care Expenses	
Medical/Dental	
Car Payment	
Auto Insurance	
School Expenses (school supplies, clothes, etc.)	
Any other Insurance	
Credit Card(s)	
Tribal Credit	
Other	
TOTAL=	

Incident Information

Requesting services for: Individual Family

Type of victimization: Domestic Violence Sexual Assault Stalking

Dating Violence Child Abuse Elder Abuse Sex Trafficking Other: _____

Who referred you to our program? _____

Do you feel safe right now? Yes No

Was the crime/incident reported to Law Enforcement? Yes No

Is so, date reported: _____ Case Number: _____

What's the location of incident? _____

When did the incident occur? _____

Was the offender arrested? Yes No Is offender currently incarcerated? Yes No

May you please explain the incident? _____

Has it occur more than once? If yes, please explain: _____

Has there been prior court action? Yes No When? _____
 Is there any current or pending court action? If yes, please explain: _____

Do you have thoughts of suicide? Yes No
 Do you have a plan for suicide? Yes No
 Do you have homicidal thoughts? If yes, please explain: _____

Do you have any injuries that need medical care? Yes No Describe: _____
 Are there any other person(s) affected by the incident? No Yes If yes, please list:

Name	Relationship	DOB	Gender	Ethnicity

Offender Information

Name of the Offender: _____ Relationship to the offender? _____
 Offender's DOB: _____ Age: _____ Gender: _____
 Ethnicity: _____ Tribal Affiliation/Enrollment #: _____
 Address: _____ City: _____ State: _____ Zip: _____

I certify that the information provided on this application is true and correct to the best of my knowledge. I understand that the information on the application will be used to determine my eligibility for services.

Signature of applicant: _____ Date: _____
 Signature of Guardian (if a minor): _____ Date: _____

Office Use Only		
Advocate Assigned	Intake Completed By	Signature